Boarding Admission Form

Client ID: <<Clients.Client Account ID\P1\L11\JN\T>>
Client Name: <<Clients.First Name\P1\L20\JN\T>>
Address: <<Clients.Street Address 1\P1\L45\JN\T>>
<<Clients.City, State - City Name\P1\L30\JN
Phone Number: <<Clients.Home Phone\P1\L45\JN
Cell Number: <<Clients.Primary Client Cell\P1\L45\JN

Patient ID: <<Patients.Patient Account ID\P1\L5\JN
Patient Name: <<Patients.Patient Name\P1\L50\JN
Species: <<Patients.Species - Name\P1\L30\JN\T>>
Breed: <<Patients.Breed - Name\P1\L30\JN\T>>
Age: <<Extra Patient Information.Age\P1\L50\JN\T>>
Weight: <<Patients.Weight>>

Arrival Date: 06/01/2018 ☐ Upstairs ☐ Cat ☐ Medical # of nights: ____
Depart Date: 06/01/2018 ☐ Downstairs ☐ Together

Sunday pickup time is 6:30pm only. Saturday pick up / check-in must be by 12:30pm.

****Special needs boarders such as Diabetics or pets that have supplements medications to be administered will be charged a medical boarding fee.**
****Please bring all medication in original pill vials. If bringing pill box include vials as well.**

Dogs: DHLP-P RABIES BORDATELLA Cats: FVRCP RABIES

☐ Your pet is up to date on all boarding vaccination requirements.
☐ Your pet is due for the following:

☐ Wellness Exam ☐ Bordetella ☐ FVRCP
☐ DHLP-P ☐ Heartworm Test ☐ Feleuk
☐ Rabies ☐ Fecal ☐ Other

Belongings: ____
Services: ____

☐ Okay to Walk

Please Feed: ☐ Hospital Food ☐ Owner (kind/how much) ____ ☐ Once ☐ Twice

☐ My pet is not currently on any medication.
☐ My pet recieves the following medication(s):

Medication	Dose/Amount	Next Due

If my pet becomes ill while boarding, please provide the following care:

☐ All diagnostics and treatment to be performed at the doctor's discretion.
☐ Only supportive care to be administered until I or my emergency contact can be reached.

Emergency Contact Name and Number: ☐ Primary: ____ ☐ Secondary: ____

Alternate Person Allowed to Pick Patient Up: ____

Owner Signature: ____ Date: ____

Email Address: ____